

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NORTH CAROLINA

FILED
ASHEVILLE, N.C.

OCT 15 2010

U.S. DISTRICT COURT
W. DIST. OF N.C.

ANTHONY M. EDGERTON, Sr.
PLAINTIFF,

vs.

COMPLAINT

(42 U.S.C. §1983, §1985)

CHARLES GEORGE VAMC-Asheville
1100 Tunnel Road
Asheville, NC 28805

CASE NO. 1:10CV237

DEFENDANT(S).

UNITED STATES OF AMERICAN

A. JURISDICTION

Jurisdiction is proper in this court according to:

a. ☒ 42 U.S.C. §1983

b. ☐ 42 U.S.C. §1985

c. ☒ Other (Please Specify) As to Tort Rule Title 28 USC § 1402(b) +
2675 SECTION 13466

B. PARTIES

1. Name of Plaintiff:

Address:

ANTHONY M. EDGERTON, Sr
153 Hamilton St.
Forest City, NC 28043
828-429-6058

2. Name of Defendant:

Address:

CHARLES GEORGE VAMC-Asheville
1100 Tunnel Road
Asheville NC 28805
* UNITED STATES of AMERICA

Is Employed as _____ at _____
(Position/Title, if any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES ☒ NO ☐. If your answer is "YES" briefly explain.

CHARLES George VAMC
ER IS OPEN 24 HOURS PER DAY & IS REQUIRED BY LAW
TO TREAT ANY & EVERYONE AS A HUMANITARIAN & BILL ACCORDINGLY.
I AM A VETERAN - PRESENTED my VA CARD, Insurance card -
WAS DENIED ER TREATMENT BY A CLERK - SAYING I WAS NOT ELIGIBLE.
3. Name of Defendant: CHARLES George VAMC UNITED STATES
Address: 1100 Tunnel Rd of America
Asheville, NC 28705

Is Employed as _____ at _____
(Position/Title, if any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES ☐ NO ☐. If your answer is "YES" briefly explain.

4. Name of Defendant: _____
Address: _____

Is Employed as _____ at _____
(Position/Title, if any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES ☐ NO ☐. If your answer is "YES" briefly explain.

(Use additional sheets if necessary.)

C. NATURE OF CASE

Why are you bringing this case to court? Please explain the circumstances that led to the problem.

Charles George
By James Hines - I thought I was having a stroke I could not see to drive, I was
Refused CARE By a Clerk at ER Front Desk (Enclosed Details Attachments) I begged
to be seen - Refused care + Delay caused me permanent Damage, permanent
Disability - Extensive outside medical expenses, my credit now ruined.
Care Refused to Vanc Risk Mgr - Kathy Aarons who investigated & agreed
with me Negligence occurred - was instructed to complete outside
medical care submit All those Bills expenses + Pain & Suffering Claim.
I did - it was referred to Regional Council - denied - Filed for Reconsideration
US ARTY in Dec Case Been Here more than 6 mos - NO Action Taken.

D. CAUSE OF ACTION

I allege that my constitutional rights, privileges or immunities have been violated and that the following facts form the basis for my allegations: (If necessary you may attach additional pages)

- a. (1) Count I: Neglect of EMERGENCY CARE
ALL DOCUMENTS ATTACHED
- (2) Supporting Facts: (Describe exactly what each defendant did or did not do. State the facts clearly in your own words without citing any legal authority. Use additional sheets if necessary.)
Severe
Clerks in ER Refused me Emerg care on 5-18-08

- b. (1) Count II: _____
- (2) Supporting Facts: ALL FACTS ATTACHED - Ltr from VANC Risk Mgr
Agreeing incident occurred.

E. INJURY

How have you been injured by the actions of the defendant(s)?

I Am now permanently Disabled
Lack of care - allowed my blood pressure to continue to
Rise & cause permanent Damage
Extensive outside medical Bills - Expenses - Pain & Suffering -
Credit Ruined -

F. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF

Have you filed other lawsuits in state or federal court that deal with the same facts that are involved in this action? YES ___ NO X

If your answer is "YES", describe each lawsuit. (If there are more than one lawsuits, describe additional lawsuits on additional separate pages, using the same outline.)

1. Parties to previous lawsuits:

Plaintiff(s): _____

Defendant(s): _____

2. Name of court and case or docket number:

3. Disposition (for example, was the case dismissed? Was it appealed? Is it still pending?)

4. Issues raised:

5. When did you file the lawsuit? _____

Date: Month/Year

6. When was it (will it be) decided? _____

Have you previously sought informal or form relief from the appropriate administrative officials regarding the acts complained of in Part D?

YES ___ NO ___

If your answer is "YES" briefly describe how relief was sought and the results. If your answer is "NO" explain why administrative relief was

Contracted Risk Mgt ^{Comp} May 08 & Risk Mgt agreed error made.
not sought.

I filed with Risk Mgt 8-21-09 - It was Referred to Regional Counsel - They kept for almost 6 mos - only offered me 3-4000 - which would NOT EVER cover medical Bills - I sent to USAITJ DC for Reconsideration Jan 2010 - They STILL have NOT acted on case - Now eligible TO file Federal District Court for Resolution.

G. REQUEST FOR RELIEF

I believe I am entitled to the following relief:

- \$1,500,000.00 Total includes outside medical Bills; EXPENSES; LOANS; PAIN & SUFFERING; LOSS WAGES; Permanent Disability.
- NSC 100% PENSION
- LETTERS WRITTEN TO 3 CREDIT BUREAUS TO HELP RESORE my CREDIT.
- ASSISTANCE IN GETTING my SSAN DISABILITY APPROVED.

JURY TRIAL REQUESTED

YES _____ NO X

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained therein is true and correct. 28 U.S.C. §1746; 18 U.S.C. §1621.

Executed at Asheville, NC
Forest City, NC (Location) on 10-15-10 (Date)

Anthony M. [Signature]
Signature